

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIAN  
HUMAN SERVICES DEPARTMENT  
COMMUNITY SERVICE BLOCK GRANT (CSBG) – EMERGE CNY  
NEEDS PROGRAM  
FY 2010 APPLICATION**



Name:		Age:	Date:
Address:		Birthdate:	Social Security #:
City/Town:	State:	Zip Code:	Phone #:

TRIBAL MEMBER OF LITTLE TRAVERSE BAY BANDS ENROLLMENT: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

Name	Age	Birthdate	Social Security #
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Have you applied for assistance this year (October 1, 2009-September 30, 2010)? Yes      No

\*\*\*\*\*

**(For office use only)**

**INCOME: Documentation must be provided for all income.**

Name	Income Source Code	Past 30 Days Income	X 12 = Annualized Income

**INCOME SOURCE CODES: (Please Circle)**

- |        |          |                       |                    |                 |
|--------|----------|-----------------------|--------------------|-----------------|
| 1. SS  | 2. Wages | 3. SSI                | 4. Self Employment | 5. Unemployment |
| 6. ADC | 7. GA    | 8. Pension/Retirement | 9. Other _____     |                 |

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740  
Physical Address: 915 Emmet Street, Petoskey, MI 49770  
Phone: (231) 242-1620      Fax: (231) 242-1635

**TYPE OF ASSISTANCE NEEDED:**

\_\_\_\_ Emergency Food Assistance      Are you receiving:    Commodities \_\_\_\_ Food Stamps \_\_\_\_  
\_\_\_\_ Emergency Housing Assistance    Have you received an eviction notice? \_\_\_\_  
\_\_\_\_ Are you homeless? \_\_\_\_  
\_\_\_\_ Emergency Energy Assistance    Electric \_\_\_\_ Gas \_\_\_\_ Propane \_\_\_\_ Wood \_\_\_\_  
\_\_\_\_ Clothing for Foster Care Children  
\_\_\_\_ Specialized Clothing for Employment  
\_\_\_\_ Emergency Perscription Service  
\_\_\_\_ Emergency Medical Transportation    Dr. Appointment \_\_\_\_      Dental Appointment \_\_\_\_

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**YOU MUST PUT ACCOUNT NUMBER AND VENDOR' S ADDRESS. A CHECK WILL BE SENT DIRECTLY TO THE VENDOR.**

**What vendor do you want as the Endorser? \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Acct. #: \_\_\_\_\_**

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- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application.
- **I hereby authorize the release of information by the appropriate agencies to the Little Traverse Bay Bands of Odawa Indians for the purpose of verifying information needed to establish eligibility for the program.**
- I understand that I may request a hearing if I disagree with action taken on this application.
- I understand that I have a right to a hearing if I do not receive a decision notice within that time.
- **I understand that there is no guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CSBG WORKER SIGNATURE**

\_\_\_\_\_  
**DATE**

\*\*\*\*\*

**REFERRALS:** Your household may be eligible to receive assistance through the following list of programs offered by your local DHS, Community Action Agency, and/or utility company.

**Contact them for more information on:**

- Weatherization                      - Emergency Needs                      - Utility Shut-off Protection
- Home Heating Tax Credit        - Energy Audit

- **I understand that a decision will be made concerning my application, and a decision notice will be issued within ten (10) working days upon receipt of application by Program Manager.**

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